2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # 583102 1. Entity Name PRIOR INDUSTRIES, INC. 04-27-2001 90289 022 ***150.00 Principal Place of Business Mailing Address 2780 S.FLAMINGO RD. 2780 S.FLAMINGO RD. DAVIE FL 33330 DAVIE FL 33330 645779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2431536 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRIOR, PETER W Street Address (P.O. Box Number is Not Acceptable) 2780 S FLAMINGO RD DAVIE FL 33330 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE _ Signature, typed or printed name of registerod agent and title if applicable (NOTE, Registored Agent's gnature required when reinstating) DATE FILE NOWIN FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) TIT! F PD ☐ Delate THEE ☐ Change NAME PRIOR, PETER W. STREET ADDRESS STREET ADDRESS 2780 S.FLAMINGO RD. CITY - ST- ZIP CITY-ST-ZIP DAVIE FL TITLE ☐ Delete TITLE Addition NAMA STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete T'T'_E □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CETY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZFP CITY -S1 - ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OFFY-ST-ZiP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the regioner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ent with an address, w changed, or on an attachr all other like empowered